

PRIOR WRITTEN NOTICE OF A REFUSED ACTION

STUDENT INFORMATION						
Student's Name	Initials	Birth Date	Age	Gender	Grade	Today's Date
Parent/Guardian Name	Parent/Guardian Address					
School District	School:			Teacher:		
ACTION(S) PROPOSED						
 ☐ Initiation or change in the evaluation of the student. ☐ Initiation or change in the identification of the student. ☐ Initiation or change in the educational placement of the student. ☐ Initiation or change in the provision of FAPE to the student. 						
DESCRIPTION OF THE SPECIFIC PROPOSED ACTION:						
EXPLANATION OF WHY THE DISTRICT REFUSED TO TAKE THE PROPOSED ACTION:						
DESCRIPTION OF EACH EVALUATION PROCEDURE, ASSESSMENT, RECORD, OR REPORT THE DISTRICT USED AS A BASIS FOR THE REFUSAL TO TAKE THE PROPOSED ACTION:						
DESCRIPTION OF ANY OTHER OPTIONS THE DISTRICT CONSIDERED AND THE REASONS WHY THOSE OPTIONS WERE REJECTED:						
DESCRIPTION OF OTHER FACTORS RELEVANT TO THE DISTRICT'S REFUSAL TO TAKE THE PROPOSED ACTION:						

You may obtain a copy of the pamphlet "Procedural Safeguards in Special Education" online at: http://www.opi.mt.gov/Programs/SpecialEd/Index.html or by requesting a copy from the school district.

For assistance in understanding the provisions of the Individuals with Disabilities Education Act (IDEA) you may contact your child's school, the Office of Public Instruction at (406) 444-5661, or Parents, Let's Unite for Kids at (800) 222-7585.